

Fairfax County Community and Recreation Services

Therapeutic Recreation Services

12011 Government Center Park-way, Suite 1050
Fairfax, VA 22035-1115

**Wheelchair Sports Program
Registration**

Please Print:

Name of Participant _____ Age _____ Grade _____

Address _____

Street/P.O Box

City

State

Zip

Home Phone _____

Resident of Fairfax County () Other ()

Name of Parent/Guardian _____ Work Phone _____

Emergency Contact (other than your home)

Name _____ Phone School your child attends _____

Medical Information

Diagnosis: _____

Physical Therapist: _____ Phone: _____

Doctor: _____ Phone: _____

Please check the items that most apply or describe the participant/child

Speech difficulties Yes ___ No ___

Allergies Yes ___ No ___

Seizures Yes ___ No ___

Dietary problems Yes ___ No ___

Heart difficulty Yes ___ No ___

Special health needs Yes ___ No ___

Hearing or Visual Yes ___ No ___

Other Yes ___ No ___

limitations

Transfers Yes ___ No ___

Transfers w/assistance Yes ___ No ___

Independently

Personal Information

If you check YES to any of the information above, please explain. Provide additional information that will assist staff during the program. Please list special concerns (heat, dehydration, sweating, etc):

Medication, Special Needs Release

I hereby do ____ do not ____ grant permission to Fairfax County Community and Recreation Services to administer prescribed medication or special health needs to the aforementioned participant. If permission granted, you must complete the attached medication forms.

Shunt: Yes ____ No ____ Location: _____

Medications: (name, dosage, times given: _____

Catherization: () self () assistance required

Illeo conduit: _____ other _____

Medical Release

Community and Recreation Services employees, in an emergency, have permission at my expense, in the event I cannot readily be reached to: 1) Contact our family physician, 2) utilize the most convenient County rescue vehicle to transport myself/my child to the nearest hospital.

Equipment

Braces: _____

Assistive devices: _____

Wheelchair:

standard/manual: _____

sports (designed for specific sport?) _____

Photographic Release

I hereby do ____ do not ____ grant permission to use individual and/or group activity photographs in connection with Community and Recreation Services publicity. If permission is granted, Community and Recreation Services are released from any liability that might be incurred.

General Rules of Conduct

Individuals enrolled in the program are expected to follow the general rules of conduct which include:

- Respect the rights and property of other participants and staff
- Stay with assigned group
- Participate as fully as possible
- Care for personal belongings or request assistance as needed
- participants are expected to sign-in/out of
- follow directions
- care for loaned equipment (including maintenance, as required)

Please Read Carefully

Confidentiality of Information & FOIA - In accordance with the Privacy Protection Act of 1976, the requested information will be used only to coordinate activities of this agency. I understand that some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act. As this statement indicates, not all information CRS collects is subject to availability under the FOIA. Medical information, anything relating to mental or physical well-being, social security numbers, letters written to CRS regarding participants or personnel (i.e. recommendations, comments, etc.) are exempt from FOIA requests.

Approval: I have read and understand the above participation statement and by my signature agree to its terms.

Parent/Guardian Signature _____ Date _____